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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index - - - No. 67
County Registrar's - No. 308
Local Registrar's - No. _____

ORIGINAL CERTIFICATE OF DEATH

No. 315 South High
(If death occurred in a hospital or institution, give its NAME instead of street number)

1. County Globe District Globe Town or city Globe

2. FULL NAME Alice Kirby Elam
(a) Residence. No. 315 South High St. (Usual place of abode) St. _____ Ward _____
Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word) <u>Married</u>		16. DATE OF DEATH (month, day, and year) <u>9/7/1924</u>	
6a. If married, widowed, or divorced <u>RECORDED</u> (WIFE of <u>Millard Elam</u>)				17. I HEREBY CERTIFY, That I attended deceased from <u>9/7</u> <u>1924</u> to <u>9/7</u> <u>1924</u> that I last saw him alive on <u>9/7</u> <u>1924</u>	
6. DATE OF BIRTH (month, day and year) <u>6/10/1894</u>				and that death occurred, on the date stated above, at <u>12</u> m. The CAUSE OF DEATH* was as follows: <u>General paralysis</u>	
7. AGE	Years	Months	Days	* (duration) <u>3</u> yrs. mos. ds.	
<u>30</u>	<u>-</u>	<u>-</u>	<u>-</u>	CONTRIBUTORY secondary (duration) _____ yrs. mos. ds.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer				15. Where was disease contracted if not at place of death? _____ Did an operation precede death? <u>no</u> date of <u>x</u> Was there an autopsy? <u>no</u> What test confirmed diagnosis? _____	
9. BIRTH PLACE (city or town) (State or Country) <u>Inoullate, Arizona</u>				Signed <u>Chunter</u> M. D. <u>9/5</u> 19 <u>24</u> (Address) <u>Globe,</u>	
10. NAME OF FATHER <u>Alma Kirby</u>				* State the Disease Causing Death, or in deaths from Violent Cause, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
11. BIRTHPLACE OF FATHER (State or country) <u>In England</u>				18. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Globe, Ariz.</u> DATE OF BURIAL <u>9/9 1924</u>	
12. MAIDEN NAME OF MOTHER <u>Almetia Rogers</u>				20. UNDERTAKER <u>James Funeral Home, Globe, Ariz.</u>	
13. BIRTHPLACE OF MOTHER (State or country) <u>Utah</u>				ADDRESS <u>Globe, Ariz.</u>	
14. Informant (Address) _____					
15. Filed <u>9-8 1924</u> <u>R. S. Jot</u> Local Registrar.					
Filed <u>10-5 1924</u> <u>R. S. Jot</u> County Registrar.					
V. S. No. 1					